



Texas Department of Health
Bureau of Emergency Management
**EMS COORDINATOR, EMS INSTRUCTOR
OR EMD INSTRUCTOR CERTIFICATION**
Initial or Recertification Application

For TDH Use Only **2A284/160**

Receipt # _____

Date _____

Amount _____

PUBLIC NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004) All information given on this application is considered public record, with exception of social security number* and driver's license number.

TYPE OR PRINT IN BLACK INK

APPLICATION SUBMISSION: Submit completed application with requested documents to your local **Public Health Region office**.

SECTION A - All Applicants Complete This Section

Print Last Name	First Name	Middle Name	SS# * or EMS ID #
Mailing Address: Street, Apartment Number or P O Box	City	State	Zip
()	()		
Home Phone (include area code)	Business Phone (include area code)	County	
	()		
Date of Birth (MM/DD/YY)	Driver's License Number (include State)		
Current level of active EMS certification/licensure: <input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LP			
EMS certification is not required for INITIAL EMD Instructor certification.			
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.			

SECTION B - EMS INSTRUCTOR

Section B-1: Initial EMS Instructor

1. List city, state and date of high school diploma or GED: _____
2. Attach TDH approved instructor course completion certificate.
3. Submit application and documentation with appropriate fee to your local public health region office. Contact region office to schedule exam appointment 2-3 weeks after mailing this application.

Section B-2: EMS Instructor Recertification: Check one box below.

- ☐ **Recertification:** Prior to expiration date, submit application and applicable fee to your public health region office.
- ☐ **Late Recertification:** Renewing certificate within 90 days after expiration date.
- ☐ **Re-entry Recertification:** Renewing certificate within 91 days to 1 year after expiration date.

SECTION C - EMD INSTRUCTOR

Section C-1: Initial EMD Instructor

1. List city, state and date of high school diploma or GED: _____
 2. Attach copy of current EMS Information Operator (dispatch) card.
 3. Attach copy of agreement or affiliation with sponsoring agency or organization.
 4. Attach copy of EMS information (EMD) operator instructor course certificate or hold current EMS Instructor certification.
- GRANDFATHER CLAUSE: Persons who held EMS information (EMD) operator instructor certification from a department approved training program prior to 12/10/2000, attach a copy of current EMD instructor certification. Disregard 1-4 above.

Section C-2: EMD Instructor Recertification

1. Attach evidence of current agreement or affiliation with sponsoring agency or organization.
2. List TDH course number for one EMD operator course you instructed within the last 2 yrs: _____
3. You must maintain current, active EMS certification at EMT or above.
4. You must maintain current, active EMS Instructor certification.

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SECTION D - COORDINATOR

Section D-1: Basic Level, Initial Coordinator

1. EMS rules require you be an instructor for 2 consecutive years.
2. Instructed a full basic EMT course or have documented at least 120 hours of instruction for initial EMS certificants.
3. Attach documentation of evaluations as a certified instructor.
4. List the provider, medical director, hospital, post-secondary educational institution or health care institution with which you are affiliated: _____
5. Attach letters of intent from providers of clinical and field internship.
6. Attach coordinator course completion certificate.
7. Submit application and documentation with appropriate fee to your local public health region office. Contact region office to schedule exam appointment 2-3 weeks after mailing this application.

Section D-2: Advanced Level, Initial Coordinator

1. Attach copy of college/university diploma. Must at least have an associate degree.
2. EMS rules require you be an instructor for at least 4 consecutive years or a basic coordinator for 2 consecutive years.
3. Documented at least 120 hours of instruction for initial EMS certificants.
4. Attach documentation of evaluations as a certified instructor or as a basic coordinator.
5. List the post-secondary educational institution, health care institution or other entity(ies) which you are affiliated with: _____
6. Attach letters of intent from providers of clinical and field internship.
7. Attach coordinator course completion certificate. Omit if you are currently certified as a basic coordinator.
8. Submit application and documentation with appropriate fee to your local public health region office. Contact region office to schedule exam appointment 2-3 weeks after mailing this application. If you are a currently certified basic coordinator, you do not take the exam.

Section D-3: Coordinator Recertification, Basic & Advanced Levels

1. Attach certificate(s) for region updates you attended during current coordinator certification.
2. List the post-secondary educational institution, health care institution or other entity(ies) with which you are affiliated: _____
3. List the entities with which you have clinical and field internship affiliations: _____
4. Submit application and documentation with appropriate fee to your local public health region office.

SECTION E: All Applicants Complete This Section

Mark the level(s) for which you are applying: ☐ Advanced Coor ☐ Basic Coor ☐ EMS Instructor ☐ EMD Instructor

Fees are non-refundable. Make check or money order payment payable to: **Texas Department of Health.** Do not send cash.

Mark the application fee you are submitting:

- ☐ EMS or EMD Instructor fee (\$50)- initial and renewal.
- ☐ EMS or EMD Instructor fee including late fee (\$75)- applying for renewal within 90 days after expiration date.
- ☐ EMS or EMD Instructor fee including reentry fee (\$100)- applying for renewal between 91 days and 1 yr after expiration.
- ☐ Coordinator fee (\$75)- initial and renewal.
- ☐ Coordinator fee including late fee (\$112.50)- applying for renewal within 90 days after expiration date.
- ☐ Coordinator fee including reentry fee (\$150)- applying for renewal between 91 days and 1 year after expiration.
- ☐ None- Exempt from application fee because I will neither charge nor accept compensation for the education or certification of EMS personnel. Volunteer coordinators, list name of program with which you are affiliated: _____

I hereby affirm and declare that all information submitted on this form and on the attachment(s) is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial or revocation.

Signature of Applicant: _____ Date: _____